

PATENT COOPERATION TREATY

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

To:
GREGORY N. CLEMENTS
DOUGHERTY & CLEMENTS LLP
6230 FAIRVIEW ROAD, SUITE 400
CHARLETTE, NORTH CAROLINA 28210

PCT

NOTIFICATION OF RECEIPT
OF DEMAND BY COMPETENT INTERNATIONAL
PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence
and Administrative Instructions, Section 601(a))

Date of mailing
(day/month/year)

25 AUG 2003

Applicant's or agent's file reference

2001/13 PCT

IMPORTANT NOTIFICATION

International application No.

PCT/US02/00153

International filing date (day/month/year)

03 Jan 2002

Priority date (day/month/year)

Applicant

ARTEVA TECHNOLOGIES S.A.R.L.

1. The applicant is hereby notified that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

05 AUG 2003

2. That date of receipt is:

- ☒ the actual date of receipt of the demand by this Authority (Rule 61.1(b)).
- ☐ the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).
- ☐ the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. ☐ **ATTENTION:** That date of receipt is **AFTER** the expiration of 19 months from the priority date. Consequently, the election(s) made in the demand does (do) not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)). Therefore, the acts for entry into the national phase must be performed within 20 months from the priority date (or later in some Offices) (Article 22). For details, see the *PCT Applicant's Guide*, Volume II.

- ☐ (If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA/
Mail Stop PCT, Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Facsimile No. 703-305-3230

Form PCT/IPEA/402 (July 1998)

Authorized officer

Nisa Gilchrist

Telephone No. 703-305-6107

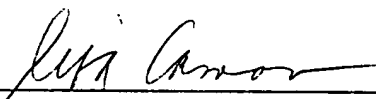
RECEIVED

SEP 2 2003

DOUGHERTY CLEMENTS & HOFER

Certificate of Mailing by "Express Mail"

I, Lisa Camann, do hereby certify that the foregoing or attached documents are being deposited with the U.S. Postal Service as Express Mail, postage prepaid - Post Office to Addressee Service under 37 CFR 1.10 on the date indicated and addressed to Box PCT, Assistant Commissioner of Patents and Trademarks, Washington, D.C. 20231.


By: Lisa Camann

Express Mail Label Number EV 332164984 US

August 5, 2003
Date of Deposit

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference 2001/13 - PCT	
International application No. PCT/US02/00153	International filing date (day/month/year) 3 January 2002
(Earliest) Priority date (day/month/year) N/A	
Title of invention COMBINATION AIR SHIELD AND TENSION GATE APPARATUS AND OPERATING PROCESS	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) ARTEVA TECHNOLOGIES S.a.r.l. Talstrasse 80 8001 Zurich, CH	
Telephone No. 011 49 69 80 66 5441	
Facsimile No. 011 49 69 80 66 5741	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: LU	State (that is, country) of residence: CH
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DeBenedictis, Mach A. 184 Longboar Road Mooresville, North Carolina 28117-8202 US	
State (that is, country) of nationality: US	State (that is, country) of residence: US
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality: US	
State (that is, country) of residence: US	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: (Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.)CLEMENTS, Gregory N.
DOUGHERTY, CLEMENTS & HOFER
1901 Roxborough Road, Suite 300
Charlotte, North Carolina 28211
US

Telephone No.

704-366-6642

Facsimile No.

704-366-9744

Teleprinter No.

Agent's registration No. with the Office
30,713☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☐ as originally filed☐ as amended under Article 34the claims ☐ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☐ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (specify) | : | sheets |

For International Preliminary Examining Authority use only

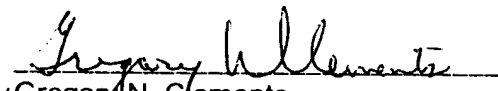
- | received | not received |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input checked="" type="checkbox"/> other (specify): Postcard Receipt; Credit Card Payment Form |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


Gregory N. Clements
Attorney/Agent

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/US02/00153	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference 2001/13 - PCT	Date stamp of the IPEA	
Applicant ARTEVA TECHNOLOGIES S.a.r.l., et al.		
CALCULATION OF PRESCRIBED FEES		
1. Preliminary examination fee	\$490.00	<input type="checkbox"/> P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	\$172.00	<input type="checkbox"/> H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	\$662.00	
TOTAL		
MODE OF PAYMENT		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input checked="" type="checkbox"/> other (specify):	
Credit Card Payment Form		
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ <u>US</u>	
<input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: <u>04-1448</u>	
	Date: <u>8/5/03</u>	
	Name: <u>Gregory N. Clements</u>	
	Signature: <u>Gregory N. Clements</u>	